

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
						CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1							51				
2	1						52				
3	1						53				
4	1						54				
5	1						55				
6	1						56				
7	1						57				
8	1						58				
9	1						59				
10	1						60				
11	1						61				
12	1						62				
13	1						63				
14	1						64				
15	1						65				
16	1						66				
17	1						67				
18	1						68				
19	1						69				
20	1						70				
21	1						71				
22	1						72				
23	1						73				
24	1						74				
25	1						75				
26	1						76				
27	1						77				
28	2						78				
29	2						79				
30	2						80				
31	2						81				
32	2						82				
33	2						83				
34	2						84				
35	2						85				
36	2						86				
37	2						87				
38	2						88				
39	2						89				
40	2						90				
41	1						91				
42	1						92				
43	1						93				
44	1						94				
45	1						95				
46	1						96				
47	1						97				
48	1						98				
49	2						99				
50							100				
TOTAL IND.	7						TOTAL IND.				
TOTAL DEP.	56						TOTAL DEP.				
TOTAL CLAIMS	63						TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST  
AVAILABLE  
COPY